

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34309

Entity Name: BROKEN AERO, INC.

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

14888 S.W. 111 STREET
DUNNELLON, FL 34432

New Principal Place of Business:

Current Mailing Address:

14888 S.W. 111 STREET
DUNNELLON, FL 34432

New Mailing Address:

FEI Number: 59-3067073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHEWS, CAROL LYNN
11048 SOUTHWEST 130TH AVENUE
DUNNELLON, FL 32630 US

Name and Address of New Registered Agent:

MATHEWS, CAROL LYNN
11048 SOUTHWEST 130TH AVENUE
DUNNELLON, FL 34432 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

04/19/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: MATHEWS, CAROL L
Address: 11048 SW 130 AVE
City-St-Zip: DUNNELLON, FL 34432 US

Title: CD () Delete
Name: MATHEWS, CAROL L
Address: 11048 SW 130 AVE
City-St-Zip: DUNNELLON, FL 34432 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL LYNN MATHEWS

PS

04/19/2005

Electronic Signature of Signing Officer or Director

Date